



Manitoba/Northwestern
Ontario Synod

MNO Synod 19th Triennial CONVENTION

DELEGATE TRAVEL EXPENSE FORM

NAME _____

ADDRESS _____ Postal Code _____

CONGREGATION _____

PUBLIC TRANSPORTATION

(Receipts must be attached)

From	Method of Travel	Cost

AUTO TRAVEL

Travel will be paid for each km. travelled over 100 kms. each way @ 55 cents per km. for the driver, plus 5 cents per each authorized passenger (who is registered convention delegate)

To Calculate Eligible kms:

	Kms travelled - round trip:	_____ kms
	Subtract 200 km (100 km each way):	- <u>200</u> kms
	Eligible kms:	= _____ kms

Payment requested for Auto Travel:

Driver's Name: _____	Eligible kms: _____	@ 55 cents per km	\$ _____
Passengers:			
Name: _____	Eligible kms: _____	@ 5 cents per km	\$ _____
Name: _____	Eligible kms: _____	@ 5 cents per km	\$ _____
Name: _____	Eligible kms: _____	@ 5cents per km	\$ _____
Name: _____	Eligible kms: _____	@ 5cents per km	\$ _____
Name: _____	Eligible kms: _____	@ 5 cents per km	\$ _____

TOTAL PAYMENT REQUEST for AUTO TRAVEL: \$

OTHER EXPENSES

(Receipts must be attached)

Date	Description of Expense	Cost

Signature _____ TOTAL CLAIM \$ _____